

# APPLYING FOR HUD HOUSING ASSISTANCE?

## **Do You Realize...**

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to \$10,000.
- **Imprisoned for** up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

## **Do You Know**

**You are committing fraud if you sign a form knowing that you provided false or misleading information.**

The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

## **So Be Careful!**

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, TANF payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who will make up your household are required.

## **Ask Questions**

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

## **Report Fraud**

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). You can write the Hotline at:

HUD OIG Hotline, GFI  
451 7th Street, SW  
Washington, DC 20410

## **INSTRUCTIONS FOR COMPLETING APPLICATION FOR HOUSING**

### **WHAT ARE THE REQUIREMENTS FOR ELIGIBILITY?**

The basic qualifications for Public Housing are that you meet income guidelines. We will check your landlord and personal references, and you must be in good standing with past landlords. You will be required to have utilities in your name before signing a Lease.

### **ARE THERE LOCAL PREFERENCES?**

Yes. A preference is given if you claim one of the following: Victim of Domestic Violence, or a Victim of a Natural Disaster, or you are a member of a Working Family. You must inform our intake person if any of these preferences apply to you.

### **WHAT HAPPENS IF I AM DETERMINED INELEGIBLE FOR PUBLIC HOUSING?**

You will receive a letter stating the reason you are ineligible at this time. You will be advised in this letter of the procedure you can take, should you like to appeal this decision.

### **HOW LONG WILL IT BE BEFORE I RECEIVE HOUSING?**

Of course it is not possible to give you a definite date when housing will be available for you it all depends on how many applicants are ahead of you on the waiting list and/or an available unit appropriate for your family size.

### **HOW MUCH WILL MY RENT BE?**

Your rent will be determined by your income; you will pay 30% of your income toward rent, less certain deductions and allowances.

**WILL I BE REQUIRED TO PAY A SECURITY DEPOSIT?** Yes. Security deposits are payable, in addition to rent.

### **WHERE ARE THE PUBLIC HOUSING UNITS LOCATED?**

We have three (3) locations in the City of Chanute. Osage Village, frequently called the "High-Rise", with 48 units, both one-bedroom and efficiency units. This building is located at 301 West Walnut. The Ronda Lane Project, located at 110 South Ronda Lane, consists of one-bedroom units. Our family units are scattered throughout Chanute at various sites and consist of one-, two-, three-, and four-bedroom units.

## **WHAT SHOULD I DO IF ANYTHING CHANGES WHILE ON THE WAITING LIST?**

Be sure to notify us if anything changes, especially your address - if we cannot contact you, we will remove your name from the waitlist, this will require you to re-apply for housing. Be sure to notify us of changes in your family composition or income.

## **WHAT YOU MUST BRING WITH YOU**

### **Birth Certificates for everyone in the household.**

You **must** bring a Birth Certificate, original or a copy for **each person included in the** household. We require photo identification for all members of the household.

### **Social Security cards for everyone in the household.**

A Social Security card is ***required*** for ***every member*** of the household. We cannot accept a copy of any Social Security cards; we must see the **original** card. If you have lost your card, you may call 1-800-772-1213 and request application forms to replace the lost card(s). Again, we **must** receive a copy of the application for replacement.

### **Verification of Income.**

HUD requires third-party verifications for all sources of income. You must provide this office with all employer names and addresses, current and within the past year. If you receive a pension, we will need the name and address of the pension provider. If there are any bank accounts, (i.e., checking, savings, CDs, etc.), we must have the name and address of **all the banks** you are using. Any other assets, (i.e., stocks, bonds, other investments, etc.), the name and address of the institution holding these assets are required. Please bring in the latest Benefit Award Letter from the Social Security Administration regarding SS, SSDI and SSI. TANF monies received will be verified at the source by this office (you must complete the attached verification form to process this request).

### **Past rental history.**

It is important that the Housing Authority of the City of Chanute receive at least **three (3)** years prior landlord references. If you have had only one landlord, you may use only that landlord and three personal references (2 references must be non-family members). You may use close friends, work associates, clergy, etc., who know you and how you conduct your business.

### **OHWRA Requirements.**

As of October 1999, Section 512 of the Quality Housing and Work Responsibility Act of 1998 requires: all non-exempt adult residents of public housing, who declare no income and are not exempt, must contribute eight (8) hours of community service each month or participate in a self-sufficiency program for eight (8) hours each month.

### **CRIMINAL BACKGROUND CHECKS.**

Chanute Housing Authority will run NCIC reports on **ALL** applicants. Household member(s) must inform this office if they have been arrested since completing the CHA pre-application. We may need to submit your Fingerprints to the FBI, this can take 2-4 **weeks** to be processed. Notification of eligibility will be sent following receipt of your FBI report. You may request to see your FBI report within 10 days of receipt of eligibility. **(Reports will be destroyed 10 days after receipt, except in the case of request of hearing.)**

Please note that the submission of the above information is **mandatory** for admission to Public Housing. We will assist you in any way we can, however the burden of submitting the required information rests with you. If you have any questions, please contact this office at (620) 431-7320.

# Chanute Housing Authority

818 S. Santa Fe Suite C  
 Chanute, KS. 66720  
 620) 431-7320 (620) 431-1231 Fax 1-888-766-3777 TD/TTY

**For Office Use Only. Applicants should not write in this section.**  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_ Bedroom size: \_\_\_\_\_  
 Received by: \_\_\_\_\_ List any special assistance required by this applicant: \_\_\_\_\_

## APPLICATION FOR ADMISSION

**Check all Programs that you wish to apply for:** *(can apply for one or more programs)*

- \_\_\_\_\_ Section 8 (Rent from private landlord and get help paying rent)  
 \_\_\_\_\_ Public Housing (Live in units owned by CHA)

Complete this form **in ink in your own handwriting**. Use the correct legal name for each person who resides in the home as it appears on his/her Social Security card. All persons aged 18 and over must sign this application certifying the information pertaining to them is correct. **Do not leave any section of the application blank.** If a section does not apply to you, write N/A in it. Any required information not received by the Housing Authority within ten calendar days of the date of this application will result in denial of the application.

Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Message Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address (where you live): \_\_\_\_\_

### HOUSEHOLD COMPOSITION (list all persons who will stay in the home)

| Full Name | Social Security # | Relation to Head | Sex | Birth Date | Place of Birth | Employed (Y/N) |
|-----------|-------------------|------------------|-----|------------|----------------|----------------|
|           |                   | HEAD             |     |            |                |                |
|           |                   |                  |     |            |                |                |
|           |                   |                  |     |            |                |                |
|           |                   |                  |     |            |                |                |
|           |                   |                  |     |            |                |                |
|           |                   |                  |     |            |                |                |
|           |                   |                  |     |            |                |                |

Do you anticipate any changes in family members? **Y N** If yes, please explain:

\_\_\_\_\_

**Please note:** You may claim disability and/or reasonable accommodation below. Fair Housing Law states that **You must inform the Housing Authority.**

**Yes**, I wish to declare a disability for myself or a family member

Family member(s) disabled \_\_\_\_\_

Do you or any member of your household require reasonable accommodations or modifications to equally enjoy or access a housing unit, any other dwelling, program(s) or services? If so, please list necessary features or accommodations: \_\_\_\_\_

If you have a Guardian or Payee, please complete the information below:

Guardian Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Payee Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Should paperwork be sent to you or your guardian or payee?

Send paperwork to me \_\_\_\_\_ Send paperwork to guardian/payee \_\_\_\_\_

### **PERSONAL DATA:**

1. If married (by ceremony or common law) and the spouse is not listed on this application, list his/her Name: \_\_\_\_\_ Where does he/she live? \_\_\_\_\_  
Is this a temporary or permanent absence? \_\_\_\_\_
2. Is any household member in the armed services?  yes  no If Yes, who? \_\_\_\_\_
3. Is anyone in the home pregnant?  yes  no If Yes, due date: \_\_\_\_\_
4. Do you own a vehicle?  yes  no If Yes,
5. How did you hear about us? Newspaper ( ) Friend ( ) Family ( ) Other: \_\_\_\_\_
6. List an emergency contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_
7. Do or will you have one or more Personal Care Attendants through any organization such as SKIL, RCIL or Windsor? \_\_\_\_\_  
Please list name(s): \_\_\_\_\_
8. Do you require a Live-In Aide? \_\_\_\_\_ List Name: \_\_\_\_\_

### **ETHNIC ORIGIN:**

We are required to report to the Department of Housing and Urban Development on the ethnic origin of the Head of Household. This response is **optional**, and your response will have no bearing on your eligibility for housing. Check only one box that you feel best describes your ethnic origin.

- White Non-Hispanic  Black Non-Hispanic  White Hispanic  Asian or Pacific Islander  
 American Indian/Alaskan Native  Black Hispanic

**HOUSEHOLD STATUS:** For statistical purposes we ask that you check only the box (es) that apply.

Head of Household:  Handicapped  Disabled  Age 62 or over  None apply  
Co-Resident/Spouse:  Handicapped  Disabled  Age 62 or over  None apply

**INCOME AVAILABLE TO HOUSEHOLD**

1. Has anyone in your household applied for any benefits? Y / N If Yes, explain: \_\_\_\_\_  
 Cash \$ \_\_\_\_\_ GA \$ \_\_\_\_\_ Vocational Rehabilitation \$ \_\_\_\_\_  
 Case Worker Name: \_\_\_\_\_
2. Are you entitled to:  
 Child Support? Y/N \$ \_\_\_\_\_  
 Are you receiving Child Support? Y/ N Amount \$ \_\_\_\_\_ Case # \_\_\_\_\_  
 Alimony? Y/N  
 Are you receiving any Alimony? Y/N Amount \$ \_\_\_\_\_
3. Are you receiving any periodic payments or lottery winnings? Y / N
4. Are you currently attending school? Y/N If yes, name of college: \_\_\_\_\_  
 Are you a Fulltime/Part time Student?  
 Are you receiving education grants, scholarships. List Source: \_\_\_\_\_  
 amount \$ \_\_\_\_\_  
 If a student do you currently live with parent(s)? Y / N If yes, name of college:  
 \_\_\_\_\_
5. Do you pay for child care while attending school or work ? Y / N If Yes, Daycare Name, Address and Phone No. \_\_\_\_\_  
 \_\_\_\_\_  
 Monthly family fee \$ \_\_\_\_\_ Does SRS pay a portion ? Y / N \$ \_\_\_\_\_
6. Veterans Administration benefits? Y / N amount \$ \_\_\_\_\_

**INCOME**

List **all** income earned or received by everyone living in the household regardless of age. List gross amounts of income (before deductions).

| <b>Type of Income</b>                                 | <b>Family Member</b> | <b>Amount Received</b> | <b>Income Source (such as Employer, SRS)</b> | <b>Employer Address/Phone #</b> |
|---|----------------------|------------------------|--|---------------------------------|
| Wages or Earnings                                     |                      |                        |  |                                 |
| Supplemental Security Income (SSI)                    |                      |                        |  |                                 |
| Social Security/<br>Social Security Disability Income |                      |                        |  |                                 |

|   |  |  |  |  |
|---|--|--|--|--|
| Unemployment Benefits                         |  |  |  |  |
| Worker's Compensation                         |  |  |  |  |
| Child Support/Alimony                         |  |  |  |  |
| Pension or Retirement Income                  |  |  |  |  |
| Military Income                               |  |  |  |  |
| Self-Employment Income                        |  |  |  |  |
| Rental Income                                 |  |  |  |  |
| Interest Income (CDs, Stocks, Bonds, Savings) |  |  |  |  |
| Other (specify)                               |  |  |  |  |

**ASSETS:**

1. Does any household member receive any contributions to pay for car insurance, cell phone bill, utilities, groceries weekly, monthly, or yearly? \_\_\_\_\_  
If so, list the household members, amount and the name of the person contributing.  
\_\_\_\_\_
2. List any rental property address. \_\_\_\_\_
3. List all checking/savings accounts (including IRA's, 401K, KEOGH Account, CD's) of all household members.  

| <b>Household Member</b> | <b>Bank Name</b> | <b>Type of Acct./Acct. No.</b> |
|-------------------------|------------------|--------------------------------|
| _____                   | _____            | _____                          |
| _____                   | _____            | _____                          |
| _____                   | _____            | _____                          |
4. Has any asset been given away or sold for less than its fair market value in the past 2 years? **Y / N**  
If yes, what? \_\_\_\_\_ Please provide proof of the sale and the market value.

**UTILITIES:** Chanute Housing Authority tenants are required to have the utilities in their name. The receipt from the City Utility office is required before the lease is signed. You may check with the City to make sure you do not have an old bill, this will allow you time to make arrangements.

1. Do you currently have utilities in your name at the City of Chanute?  
Yes ( ) No ( ) If no, why \_\_\_\_\_
2. Name, address and phone number of last company you had utilities.  
Utility Company \_\_\_\_\_ Service Address \_\_\_\_\_  
Phone # \_\_\_\_\_

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**MEDICAL EXPENSES: (Elderly, disabled or handicapped only)**

3. Do you pay for attendant care or auxiliary apparatus for a handicapped/disabled household member in order for them or any other family member to work? **Y / N** Itemize Cost: \$ \_\_\_\_\_.
  4. Do you have Medicare? **Y / N** If yes, do you pay your monthly premium **Y / N** \$ \_\_\_\_\_.
  5. Do you have outstanding medical bills which you are paying? **Y / N** If yes, list them:  
\_\_\_\_\_
  6. Do you have any additional medical insurance? **Y / N** If yes, what is your monthly premium? \$ \_\_\_\_\_. What is the name of your carrier? \_\_\_\_\_.
  7. Do you have a Prescription Drug Plan? \_\_\_\_\_ Monthly Premium \$ \_\_\_\_\_
  8. Do you pay out of pocket co-pays to a pharmacy? \_\_\_\_\_  
Pharmacy Name & Address: \_\_\_\_\_
-



**RENTAL HISTORY:**

*( All applicants 18 and older must fill out this form. List **all** landlord(s) or places you have lived/ stayed within the last 3 years)*

| List current Address First | Date From | Date To | Rent | Landlord Name, Address & Phone # |
|----------------------------|-----------|---------|------|----------------------------------|
|                            |           |         |      |                                  |
|                            |           |         |      |                                  |
|                            |           |         |      |                                  |
|                            |           |         |      |                                  |

Did you pay a Security Deposit? Y/N

If no rental references, list reason(s) why. \_\_\_\_\_

Did or do you own your home? Y/N Address: \_\_\_\_\_

Did or do you live with Family? Y / N From: \_\_\_\_\_ To: \_\_\_\_\_ Family Member Name: \_\_\_\_\_  
Address: \_\_\_\_\_

1. Has any household member been evicted from Federally assisted housing in the last 3 (three) years? Y/N If yes, Who? \_\_\_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_
  
2. Have you ever lived in Public or Section 8 Housing? Y / N Name and address of Housing Authority: \_\_\_\_\_  
Date From: \_\_\_\_\_ Date To: \_\_\_\_\_
  
3. Do you currently owe a debt to any Federally Subsidized housing program or Y / N If yes is there a current repayment agreement to repay this debt? Y / N



**SELF -CERTIFICATION TO CRIMINAL ACTIVITY**

Please list any name(s) you have used during the past two years that is/are different from your legal name (include Maiden name):

X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_  
(All Household Members Over 18 Years of Age Must Sign)

**CRIMINAL HISTORY:**

Are you currently using any illegal substance?  Yes  No

- 1. Has any household member (regardless of age) been **arrested, or convicted** for any of the following:

Violent criminal activity?  Yes  No If yes, details: \_\_\_\_\_.

Alcohol related activity?  Yes  No If yes, details: \_\_\_\_\_.

Manufacture of Methamphetamines or Possession, sale, or distribution of illegal drugs?

Yes  No If yes, list family member, date and disposition of the case.

\_\_\_\_\_.

- 2. List name of any household member who is required to register as a sex offender. Is the individual a lifetime registrant? Y/N List State and County the offense occurred:

\_\_\_\_\_.

- 3. Is any household member on probation, community corrections. Y/N

If required to report, list name and telephone number of probation/parole officer:

\_\_\_\_\_.

- 3. Has any household member participated in drug rehabilitation during the past 12 months? Y/N

- 4. Have you lived in another state? If yes, what States have you lived in?

\_\_\_\_\_.

**APPLICANT AUTHORIZATION AND CERTIFICATION**

I/We authorize the Chanute Housing Authority to screen my/our application including contacting landlords, criminal screenings, and any other screenings necessary to determine eligibility for housing assistance. I/We also understand that this in not a contract and does not bind either party.

I/We certify that the information given to the Chanute Housing Authority on income, household composition, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for denial of housing assistance and/or termination of tenancy.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of other Adult in Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of other Adult in Household

\_\_\_\_\_  
Date

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_

**REMINDER:** You must notify the Chanutte Housing Authority of any change in address, income and/or family composition. Failure to notify CHA of any changes can and will jeopardize your eligibility for assisted housing. You may also want to call in once every three (3) months, to make sure the Housing Authority has all current information.

**Housing Preference  
Do You Qualify?**

The Chanutte Housing Authority has adopted local preferences for individuals. If you feel you may be eligible for one of our local preferences from above, please provide one of the following acceptable forms of proof.

- Documentation from any employee, agent, shelter, or volunteer of a victim service provider
- Documentation from any medical professional or attorney from whom the victim has sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, in which the professionals believe the incident or incidents in questions are bona fide incidents of abuse, and the victim of domestic violence, dating violence, or stalking has signed or attested to the documentation.
- A Federal, State, tribal, territorial, or local police or court record
- Certification from a unit or agency of government that an applicant has been or will be displaced as a result of a disaster or action
- Certification of displacement by hate crime (threatened or actual), inaccessibility of the unit, avoiding reprisal documented by law enforcement, or other HUD or governmental certification of development disposition.
- Verification of employment, offer of employment or job training/education
- Self-Certification

Information provided in this certification shall be retained in confidence and not entered into any shared database nor provided to any related entity except when the disclosure is: consented to by the individual in writing, required for use in eviction proceedings, or otherwise required by law.

I am claiming a local preference of:

- \_\_\_\_\_ Victim of Domestic Violence, Date Violence, Stalking, or Sexual Assault
- \_\_\_\_\_ Natural Disaster Victim
- \_\_\_\_\_ Working Family

\_\_\_\_\_  
Signature of Applicant

Date: \_\_\_\_\_

**PERSONAL REFERENCE**

Attn: \_\_\_\_\_ Date: \_\_\_\_\_

The Housing Authority of the City of Chanute recently received an application from:

Applicant Name: \_\_\_\_\_

Prior to determining eligibility on an applicant, we must do routine reference checking, in accordance with our "Admissions and Continued Occupancy Policy". We are requesting your cooperation in supplying the information below, which applies to this applicant. This information will be held in confidence for use only in determining the family's eligibility. Please return this information in the enclosed self-addressed envelope.

- 1. Is applicant(s) any relation to you? **Y** **N** If Yes, please list how applicant is related to you \_\_\_\_\_ How long have you known applicant? \_\_\_\_\_
- 3. Do/did you know applicants cleaning habits? **Y** **N** If yes, did they maintain the property and home in a presentable appearance? **Y** **N** If No, please explain: \_\_\_\_\_
- 4. Have you known applicant to cause any disturbances, become violent or verbally abuse, or engaged in any criminal activity (including drugs)? **Y** **N** If yes, please explain: \_\_\_\_\_
- 5. Does applicant consider you a friend, co-worker, or family member? (**please circle one**) If co-worker, please give us a few words describing their work habits: \_\_\_\_\_
- 6. Can you give a personal or professional opinion about the applicant's ability to follow rules? **Y** **N** If No, explain: \_\_\_\_\_
- 7. If you were a landlord would you rent to applicant? **Y** **N** If no, please explain why \_\_\_\_\_
- 8. Have you known of anytime the applicant has had financial difficulties? **Y** **N** If yes, please explain: \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize the release of the requested information to the Chanute  
(Applicant(s) Signature) Housing Authority.

Personal Reference By: \_\_\_\_\_ Date: \_\_\_\_\_

(Please complete this form and return in the enclosed self-addressed, stamped envelope.)

## RENTAL APPLICANT REFERENCE FORM

This form is used to obtain information regarding the rental history of Applicants for rental housing from the **CHANUTE HOUSING AUTHORITY, 818 S. Santa Fe, Suite C, Chanute, KS 66720**. The information provided by the current or former Landlord/Agent may be used solely for purpose of evaluating the application for rental housing. The Housing Authority requesting this information must receive authorization from the Applicant before obtaining the information. Copies of this form and of the Applicant's signature are acceptable.

Landlord/Agent Name \_\_\_\_\_

Landlord/Agent Address \_\_\_\_\_

1. Is the rental reference related to the applicant? ( ) Yes ( ) No
2. Does or did the applicant have a lease? ( ) Yes ( ) No
3. Did the applicant allow persons other than those on the lease to live in the unit without prior approval? ( ) Yes ( ) No If yes, explain \_\_\_\_\_  
\_\_\_\_\_
4. Applicant's Move-In Date: \_\_\_\_\_ Move-Out Date: \_\_\_\_\_ or ( ) Current Resident
5. How many times during the past 12 months did Applicant pay rent late? ( ) 0 ( ) 1-3 ( ) 4 or more
6. Was any check from Applicant returned due to non-sufficient funds (NSF)? ( ) Yes ( ) No
7. Did the applicant pay a Security Deposit? ( ) Yes ( ) No If yes, how much? \$\_\_\_\_\_
8. Does the applicant owe any money for delinquent rent, utilities or damage to unit? ( ) Yes ( ) No If yes, how much? \$\_\_\_\_\_ Is there a repayment agreement? ( ) Yes ( ) No
9. Did applicant give proper notice to vacate? ( ) Yes ( ) No
10. Did you ever file for an eviction against applicant for non-payment and/or lease violations? ( ) Yes ( ) No If yes, explain \_\_\_\_\_  
\_\_\_\_\_
11. Do you participate as a HUD agency (Section 8, PH, Rental Assistance) ? ( ) Yes ( ) No
12. Would you rent to this applicant again? ( ) Yes ( ) No Explain \_\_\_\_\_  
\_\_\_\_\_

Information provided by: Name \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Date: \_\_\_\_\_

(Please complete form and return in the enclosed self-addressed, stamped envelope.)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**REMINDER: I understand that providing false information is unlawful and is a cause for denial of assistance and/or termination. I also understand that it is my responsibility to notify the Chanute Housing Authority in writing any change in family composition, income, address, or any other information that may affect my application assistance. I certify by signing that all of the information I have provided is true and correct to the best of my knowledge.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_

\_\_\_\_\_

# Chanute Housing Authority

## Authorization for Release of Information

### CONSENT

I/We \_\_\_\_\_, the undersigned, hereby authorize and direct any Individual, Business, Organization, Federal, State or Local Agency to release and/or verify any information which is deemed necessary in connection with the processing of my/our application for housing with the Chanute Housing Authority.

### INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: identity, marital status, residences and rental activity, credit and criminal activity, student status, employment, income and assets; medical allowances or child care allowances.

### GROUPS OR INDIVIDUALS THAT MAY BE CONTACTED

The groups or individuals that may be asked to release the above information include, but are not limited to:

|                                    |  |
|------------------------------------|--|
| Past and present employers         | Welfare Agencies                                       |
| Veterans Administration            | Previous Landlords (including public housing agencies) |
| Unemployment                       | Social Security Administration                         |
| Retirement Systems                 | Support and Alimony Providers                          |
| Banks/Other Financial Institutions | Child Care Providers                                   |
| Medical and Service Providers      | Credit Providers and Credit Bureaus                    |
| Courts and Post Offices            | Utility Companies                                      |
| Law Enforcement Agencies           |  |
| Educational                        |  |

### CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purpose(s) stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand that I/we have a right to review this file and correct any information that is incorrect.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Co-Signature

\_\_\_\_\_  
Date

**Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offence to make willful false statements of misrepresentation to any Department of the United States as to any matter within its jurisdiction.**



## **PUBLIC NOTICE**

To prevent fraud and abuse in HUD programs, the United States Code (USC) and Code of Federal Regulations (CFR) allow HUD and PHA's to obtain information about applicants and participants to determine their eligibility or level of benefits. Most importantly, the USC authorizes computer-matching agreements of income information. Below is a summary of laws and regulations that govern the use of upfront income verification.

24 CFR perating5.234 (Requests for Information from SWICAs and Federal Agencies; Restrictions on Use) indicates that income information will generally be obtained through computer matching agreements between HUD and a SWICA or Federal Agency, or between a PHA and a SWICA.

42 USC 3544(c)(2)(A) (Preventing Fraud and Abuse in Housing and Urban Development Programs) provides the legal basis for preventing fraud and abuse in HUD programs. The law allows HUD to require that applicants and participants sign a consent form to request the following: current or previous wages and salaries from employers, wage information and unemployment compensation from the State agency charged with the administration of the State unemployment law, and income information from the Commissioner of Social Security and the Secretary of the Treasury.

### **Types of Income That May be Verified Using Upfront Income Verification**

Gross Wages and Salaries (including overtime pay, commission, fees, tips, bonuses, and other compensation for personal services.)

1. Unemployment Compensation
2. Welfare Benefits
3. Social Security Benefits (including Federal and State benefits, Black Lung benefits, dual benefits.)
  - a. Social Security (SS)
  - b. Supplemental Security Income (SSI)

*Note: Other income types (i.e., child support, pensions, etc.) should be verified using upfront income verification techniques if the resources are available.*

## STUDENT AFFIDAVIT

Are you a student at an institution of higher education as defined under Section 102 of the Higher Education Act of 1965 (20 U.S.C. 1002)?       Yes     No

If yes, complete the following. If no, please sign below please sign below.

1) Are you a full-time student?    Yes       No

2) Name of Institution: \_\_\_\_\_

Address/City/State: \_\_\_\_\_

3) Total number of hours per week: \_\_\_\_\_

4) Financial Assistance:   Grant Money: \$\_\_\_\_\_ Scholarship Funds: \$\_\_\_\_\_ School  
loans: \$\_\_\_\_\_

5) Are you claimed as a dependent on your parent's tax return?  Yes    No

**PENALTIES FOR MISUSING THIS CONSENT:** Title [18 U.S.C. 1001](#), Crimes and Criminal Procedures, makes it a criminal offense, subject to a maximum fine of \$10,000 or imprisonment for not more than 5 years or both, to knowingly and willfully make or cause to be made any false or fraudulent statements or representations in any matter within the jurisdiction of any agency of the United States. Section 552a(i)(3) of the [Privacy Act \(5 U.S.C. 552a\(i\)\(3\)\)](#) makes it a misdemeanor, subject to a maximum fine of \$5,000, to knowingly and willfully request or obtain any [record](#) concerning an [individual](#) under false pretenses. Section 552a(i)(1) and (2) of the [Privacy Act \(5 U.S.C. 552a\(i\)\(1\) and \(2\)\)](#) provide penalties for violations by agency employees of the [Privacy Act](#) or regulations established thereunder.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF CO-HEAD: \_\_\_\_\_ DATE: \_\_\_\_\_

**APPLICANT/TENANT CERTIFICATION FOR CHILDCARE EXPENSES**

I/We hereby certify that the following represents true and accurate statements regarding our household circumstances related to childcare for **children under the age of 13 years of age.**

**REASON FOR CARE (CHECK ONE)**

\_\_\_\_\_ Such care enables this family member to work.

\_\_\_\_\_ Such care enables this family member to seek employment after losing a job.

\_\_\_\_\_ Such care enables this family member to attend vocational or academic courses.

Number of Children attending daycare: \_\_\_\_\_

**CHILDCARE PROVIDER**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Cost of childcare per week: \$ \_\_\_\_\_

Total amount paid by parent: \$ \_\_\_\_\_

Total amount paid by DCF: \$ \_\_\_\_\_

After school daycare provided by: \_\_\_\_\_

Cost per week: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# PET REQUEST

## YOU MUST COMPLETE IF YOU HAVE A PET IN THE HOUSEHOLD

Type of Pet (specify dog, cat, fish, bird, etc.) \_\_\_\_\_

Size: (Applies to dogs only- can weigh no more than 20lbs.) Weight of your dog? \_\_\_\_\_

Height: (Applies to dogs only- must be no taller than 15 inches from collar to the ground.)

Height of your dog? \_\_\_\_\_

Any additional description or information concerning your pet:

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In case of an emergency, list the person responsible for the care of your pet if you are unavailable.

Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Is your pet current on vaccinations ( ) Yes ( ) No

Is your pet spayed or neutered ( ) Yes ( ) No

Is your pet on a flea regimen ( ) Yes ( ) No

Is your cat declawed ( ) Yes ( ) No

Provide the following information when completing your application.

- 1) Current vaccination records from a Licensed Veterinarian
- 2) Proof of spaying or neutering.
- 3) Photo of pet
- 4) Proof of city tags (ONLY FOR DOGS)
- 5) Proof cat has been declawed.

**If your pet is approved by the Housing Authority the pet policy and necessary, pet paperwork to be completed. A non-refundable pet fee of \$150.00 and a \$150.00 pet deposit must be paid to have the pet on the property. The pet deposit would be waived for individuals who have a service or assistance animal.**